



Application Data Sheet

Application Information

Application number::	<u>10/718,504</u>
Filing Date::	November 19, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	EXPANSILE DEVICE FOR USE IN BLOOD VESSELS AND TRACTS IN THE BODY AND METHOD
Attorney Docket Number::	021872-001010US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	11E
Total Drawing Sheets::	7
Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gordon
Middle Name:: H.
Family Name:: Epstein
Name Suffix::
City of Residence:: Fremont
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 135 Kootenai Drive
City of Mailing Address:: Fremont
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94539

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Todd
Middle Name:: E.
Family Name:: Lempert
Name Suffix::
City of Residence:: Piedmont
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 244 Scenic Avenue
City of Mailing Address:: Piedmont

State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94611

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: B.
Family Name:: Martin
Name Suffix::
City of Residence:: Boulder Creek
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 315 Alder Drive
City of Mailing Address:: Boulder Creek
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95006

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: M.
Family Name:: Taylor
Name Suffix::
City of Residence:: ~~Fremont~~ Lake Forest
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: ~~38396 Redwood Terrace~~ 22341 Kirkwood

City of Mailing Address:: ~~Fremont~~ Lake Forest
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: ~~94536~~ 92630

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name:: M.
Family Name:: Romley
Name Suffix::
City of Residence:: Alameda
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 1205 Benton Street, Apt. 1
City of Mailing Address:: Alameda
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94501

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Zia
Middle Name::
Family Name:: Yassinzadeh
Name Suffix::
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US

Street of Mailing Address:: 11240 Mt. Hamilton Rd.
City of Mailing Address:: San Jose
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 95140

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Glenn
Middle Name::
Family Name:: Foy

Name Suffix::
City of Residence:: Pleasanton
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 7824 Foothill Knolls Drive
City of Mailing Address:: Pleasanton
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94588

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/272,508	10/15/02
10/272,508	Continuation	09/528,574	03/20/00
09/528,574	Continuation-in-part of	09/241,680	02/01/99
09/241,680	Continuation-in-part of	08/972,383	11/18/97
08/972,383	Continuation-in-part of	08/798,870	02/11/97

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name::	<u>Cardiva Medical, Inc.</u>
Street of mailing address::	<u>2585 Leghorn Street</u>
City of mailing address::	<u>Mountain View</u>
State or Province of mailing address::	<u>CA</u>
Country of mailing address::	<u>US</u>
Postal or Zip Code of mailing address::	<u>94043</u>